

COURT USER REGISTRATION / RE-AUTHENTICATION FORM

☐ New User

☐ Update User Info

Each user granted access to INSPECT holds a position of trust and must preserve the security and confidentiality of the INSPECT data he/she uses. INSPECT approved users must meet specific eligibility requirements and must abide by all applicable federal and State guidelines including, but limited to, IC-35-48-7and The Health Insurance Portability and Accountability Act of 1996 (HIPAA). Misuse of INSPECT data constitutes a criminal offense and may result in the suspension/revocation of a registered accountholders access privileges. Registered accountholders wishing to reinstate their INSPECT account access privilege must formally petition the Controlled Substances Advisory Committee (CSAC).

PLEASE PRINT LEGIBLY

Requestor Name

Department/Program/Court

Job Title

Supervisor Signature (IF REQUIRED)*

* Required if requestor is not a chief probation officer, court A/D program director or problem-solving court coordinator

Please select your occupation:

- ☐ Chief Probation Officer
- ☐ Court A/D Program Director
- ☐ Problem-Solving Court Coordinator
- ☐ Probation Officer
- ☐ Court A/D Staff
- ☐ Problem-Solving Court Staff

Department/Program/Court Address

City:

State:

Zip:

Telephone Number (including area code)

Cell/Other Number (including area code)

Fax Number (including area code)

E-mail Address (Provide a secure personal email address for the registering individual) **REQUIRED

Residence Address

City:

State:

Zip:

I certify that the information I request will be kept confidential, and I understand that I will be held liable for any breach of that confidentiality.

Signature of Affiant

Date

STATE of

COUNTY OF

AFFIDAVIT

Before me, the undersigned authority in and for the State of _____, personally appeared.

_____,
Who is known to me and who after being first duty sworn deposes and says that the above and foregoing document is true and correct to the best of his/her knowledge, information, and belief formed after reasonable inquiry.

Subscribed and sworn to before me this_____ day of _____, 20_____.

Notary Public Seal

Notary Public Signature_____

FOR DEPARTMENT USE ONLY

Date Received

Approved ☐
Disapproved ☐

Staff Signature

Date of Action

Indiana Judicial Center Approved ☐

Date of Approval